

**Permit to Practice as a
Certified Public or Public Accounting Firm**
(FOR ENTITIES WITH AN OFFICE/S IN NEW HAMPSHIRE)

**EXPIRES
6/30/2004**

I HEREBY REGISTER THIS FIRM TO PRACTICE PUBLIC ACCOUNTING IN THE STATE OF NEW HAMPSHIRE IN CONFORMITY WITH RSA 309-B:8

1) Name of Firm: _____

2) Principal NH Address: _____

3) Type of Entity: _____ Phone _____
P.C., LLP, LLC, Partnership, Sole Proprietor etc.

4) Type of Practice: ☐ Certified Public Accountant/s
 ☐ Public Accountant/s
 ☐ Both CPA's & PA's
 ☐ CPA's & Non-Licensees (Non CPA Ownership)

5) Name of Partners, Shareholders and/ or Owners including non-licensees with ownership in the firm practicing in New Hampshire. **(You must attach a list of all licensees working for this firm in New Hampshire.)**

Name	NH Certificate Number	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6) Please list all states in which you have applied for or hold permits as CPA firms and list any past denial, revocation. Or suspension of a license or permit by any other state. You must notify this Board within 30 days of any change in the identities of partner, officers, shareholders members, or managers whose principal place of business is in this state, furthermore any change or location of offices within the state, any change in the identity of the persons in charge of such offices, and any issuance, denial, revocation, or suspension of license or permit by any other state.

7) If this firm has non-licensees with ownership in the firm, please identify the individual/s who will be in charge of all attest services rendered in this state.

Name	Certificate #
_____	_____
_____	_____

This individual/s must meet the experience requirement pursuant to RSA 309-B:8 III (c).

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE